

<i>SERFF Tracking Number:</i>	<i>MUTM-127667638</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49926</i>
<i>Company Tracking Number:</i>	<i>ASHLEY WILLIAMS</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Long Term Care Advertising - MC34959</i>		
<i>Project Name/Number:</i>	<i>Long Term Care Advertising /MC34959</i>		

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Long Term Care Advertising - SERFF Tr Num: MUTM-127667638 State: Arkansas
MC34959

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed-Filed

State Tr Num: 49926

Sub-TOI: LTC03I.001 Qualified

Co Tr Num: ASHLEY WILLIAMS

State Status: FEES PAID

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler,
Donna Lambert

Author: Ashley Williams

Disposition Date: 10/04/2011

Date Submitted: 09/30/2011

Disposition Status: Filed

Implementation Date Requested:

Implementation Date: 10/04/2011

State Filing Description:

General Information

Project Name: Long Term Care Advertising

Status of Filing in Domicile:

Project Number: MC34959

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 10/04/2011

State Status Changed: 09/30/2011

Deemer Date:

Created By: Ashley Williams

Submitted By: Ashley Williams

Corresponding Filing Tracking Number:

Filing Description:

NAIC #261-69868

FEIN #47-0322111

United of Omaha Life Insurance Company

Long Term Care Advertising

MC34959

Enclosed for review by your Department is a copy of the above-captioned advertising. The forms are new and are not intended to replace any previously approved forms. They will be used with appropriate approved forms in your state.

This advertisement can be used in a variety of formats including, but not limited to a flyer, poster, table top ad, mailer,

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postcard, newspaper, brochure or electronic. It may be printed in color or black and white and the size may vary based on its use. Any change in size will not affect the content of this advertisement or conformity with applicable regulatory requirements.

For your reference, we will also be submitting this advertisement to your Department under a separate SERFF filing for Mutual of Omaha Insurance Company.

We request that any copy printed in brackets be considered variable. A Memorandum of Variable Material describing the variable items is attached.

Sincerely,

Carly Cole
Product and Advertising Compliance Consultant
Corporate Compliance and Ethics
Phone: 402-351-2476
Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

aw

Company and Contact

Filing Contact Information

Carly Cole, Product & Advertising Compliance carly.cole@mutualofomaha.com
Consultant
Mutual of Omaha 402-351-2476 [Phone]
Mutual of Omaha Plaza 402-351-5298 [FAX]
Omaha, NE 68175

Filing Company Information

United of Omaha Life Insurance Company	CoCode: 69868	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Life Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6910 ext. [Phone]	FEIN Number: 47-0322111	

Filing Fees

SERFF Tracking Number: MUTM-127667638 State: Arkansas
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Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$50.00	09/30/2011	52338916

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Donna Lambert	10/04/2011	10/04/2011

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Disposition

Disposition Date: 10/04/2011

Implementation Date: 10/04/2011

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Memorandum of Variability		No
Form	Print Advertisement	Filed	No

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Form Schedule

Lead Form Number: MC34959

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 10/04/2011	MC34959	Advertising	Print Advertisement	Initial		0.000	MC34959.pdf

You're Invited

To a Free Educational Sales Presentation



Mutual of Omaha

LONG-TERM CARE INSURANCE

*An Essential Part of a
Secure Financial Plan*

Learn about different types of
long-term care services, who needs
them and what they cost.

We'll also talk about how
long-term care insurance works.
It'll be time well spent.

Please Join Me • [Agent Name]

[Date]

[Time]

[Location]

To Reserve Your Place, Call: [Phone Number]

TIME : *well spent*

FINANCIAL STRATEGIES

Long-term care insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. Mutual of Omaha Insurance Company is licensed nationwide. United of Omaha Life Insurance Company is licensed in all states, except NY and does not solicit business in NY. Policy forms: LTC09M, LTC09M-AG, LTC09M-5ML, LTC09M-10ML (or state equivalent). In ID: LTC09M-ID, LTC09M-AG-ID, LTC09M-5ML-ID, LTC09M-10ML-ID, In NC: LTC09M_NC, LTC09M-AG_NC, LTC09M-5ML_NC, LTC09M-10ML_NC, In NY: LTC09M-NY, LTC09M-AG-NY, LTC09M-5ML-NY, LTC09M-10ML-NY, In OK: LTC09M-OK, LTC09M-AG-OK, LTC09M-5ML-OK, LTC09M-10ML-OK, In OR: LTC09M [-AG, -5ML, -10ML]-OR, In PA: LTC09M-PA, LTC09M-AG-PA, LTC09M-5ML-PA, LTC09M-10ML-PA, In TX: LTC09M-TX, LTC09M-AG-TX, LTC09M-5ML-TX, LTC09M-10ML-TX, In WA: LTC09M-WA, LTC09M-AG-WA, LTC09M-5ML-WA, LTC09M-10ML-WA, LTC09U, LTC09U-AG, LTC09U-5ML, LTC09U-10ML (or state equivalent). In ID: LTC09U-ID, LTC09U-AG-ID, LTC09U-5ML-ID, LTC09U-10ML-ID, In NC: LTC09U_NC, LTC09U-AG_NC, LTC09U-5ML_NC, LTC09U-10ML_NC, In NY: LTC09U-NY, LTC09U-AG-NY, LTC09U-5ML-NY, LTC09U-10ML-NY, In OK: LTC09U-OK, LTC09U-AG-OK, LTC09U-5ML-OK, LTC09U-10ML-OK, In OR: LTC09U [-AG, -5ML, -10ML]-OR, In PA: LTC09U-PA, LTC09U-AG-PA, LTC09U-5ML-PA, LTC09U-10ML-PA, In WA: LTC09U-WA, LTC09U-AG-WA, LTC09U-5ML-WA, LTC09U-10ML-WA. Each underwriting company is responsible for its own financial and contractual obligations. Products and features may not be available in all states and may vary by state. Policies have exclusions and limitations. For costs and complete details of coverage, contact your licensed insurance agent (in WA: producer).

This is a solicitation of insurance. By responding, you are requesting to have an agent (in WA, producer) contact you to provide additional information.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item:	Memorandum of Variability	
Comments:		
Attachment:		
MC34959_MOV.pdf		

VARIABLE MATERIAL FOR ADVERTISING FORM

Form Number: MC34959

The following information in the aforementioned advertisement is bracketed to denote variable material.

<u>Section</u>	<u>Explanation</u>
1. Agent Name	1. Agent/Producers Name
2. Date	2. Date of the Informational Seminar
3. Time	3. Time of the Informational Seminar
4. Location	4. Location of the Informational Seminar
5. Phone Number	5. Agent/Producers Phone Number.